

A Looming Crisis Threatens Access to Opioid Addiction Care Congress: Extend CCBHC Demonstration to Preserve Treatment Gains

Despite the surging opioid crisis leading to the deaths of more than 70,000 Americans by drug overdose last year,¹ only 12 percent of Americans with an addiction receive treatment.² Drug overdoses and suicide were the two leading drivers of the decline in U.S. life expectancy in 2017.³ Congress enacted the bipartisan Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration to fill the gap in unmet need for addiction and mental health care. Since launching in mid-2017, the nation's 66 CCBHCs have dramatically improved access to community-based opioid addiction care in the eight states where they operate.⁴

Now, our communities face a looming crisis in access to care with the CCBHC demonstration set to end on **September 13, 2019** in the eight participating demonstration states: Oregon, Oklahoma Minnesota, Missouri, Nevada, New Jersey, New York and Pennsylvania. The result will be program closures, staff layoffs and reduced addiction treatment access for patients with the greatest need. **We urge Congress to extend this successful program** and ensure lifesaving treatment access remains a reality for patients who need services.

What will be lost if Congress allows the CCBHC demonstration to end?⁵

3,009 Staff Layoffs

An estimated **3,009 staff** newly hired to expand CCBHCs' treatment services and serve more people would be laid off. These staff were hired using CCBHCs' bundled Medicaid funding rate; if reimbursement returns to prior levels, clinics will not be able to retain these staff positions. CCBHCs report their staff must be given 60-90 days' notice of impending layoffs, meaning the impact of these staff losses will be felt as soon as January 1. In some rural and frontier communities, CCBHCs are the largest employers in their area.

9,144 Patients Losing Access to MAT

An estimated **9,144 patients** engaged in medication-assisted treatment (MAT) at a CCBHC would lose access to their lifesaving medication. The CCBHCs' bundled rate has enabled clinics to hire an estimated **217 buprenorphine prescribers** nationwide and launch new MAT programs where none previously existed. The impact will be felt well before the March and June deadlines: patients who will lose MAT must either be transitioned off it over months—a risky undertaking given high relapse rates following cessation of medication⁵—or referred to other treatment providers. In most communities, CCBHCs report there is no other provider that can offer comparable access to MAT.

77% of CCBHCs will have to re-establish wait lists for services.

Currently, *half of CCBHCs offer same-day access⁶* and the rest generally provide access to care within 10 days. Previously, wait times could stretch up to 6 months.

81% of CCBHCs will be forced to close programs or eliminate service lines.

The CCBHC demonstration enabled *massive expansions⁷* of services like MAT, ambulatory detoxification, addiction counseling, peer recovery coaches, and more.

55% of CCBHCs will have to turn patients away from care.

Lacking access to funding that could support treatment for newly served populations, CCBHCs will have to *close their doors* to new patients.

"If the CCBHC program ends we will be forced to close our services! This will leave our 1,800 clients stranded with NO care [and] will force us to lay off over 100 professional staff and over 25 support staff. Individuals suffering from [serious mental illness and addiction] have benefited from the CCBHC range of services and have finally gotten the level of care they desperately need, which for many means regaining a meaningful and productive life, not cycling in and out of ERs and hospitals." – New York CCBHC, November 2018

Congress: Act Now to Extend the Life of the CCBHC Demonstration

CCBHCs are improving care and are ready to do more, but their hard-fought gains will be erased if Medicaid demonstration funding is not available into the future. The bipartisan **Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/H.R. 1767)** would extend CCBHCs' activities for two years and expand the program to 11 states that applied but were excluded from participation by the eight-state limit in the current law.

We ask Members of Congress to act urgently to extend this critical addiction treatment program.

¹ Hedegaard, H. et al (2018). Drug Overdose Deaths in the United States, 1999–2017. National Center for Health Statistics Data Brief No. 329. Accessed online at: <https://www.cdc.gov/nchs/products/databriefs/db329.htm>

² Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

³ Redfield, R (2018). CDC Director's Media Statement on U.S. Life Expectancy. Accessed online at: <https://www.cdc.gov/media/releases/2018/s1129-US-life-expectancy.html>

⁴ National Council for Behavioral Health (2018). Bridging the Addiction Treatment Gap: Certified Community Behavioral Health Clinics. Accessed online at: <https://www.thenationalcouncil.org/wp-content/uploads/2018/05/CCBHC-Addiction-Treatment-Impact-survey-report-FINAL-5-24-18.pdf>

⁵ In November 2018, the National Council for Behavioral Health reached out to the 66 participating CCBHCs about the impact of their program services to date. Forty-seven CCBHCs across the United States provided responses, with representation from each of the eight CCBHC states. This report highlights service impacts of the CCBHC initiative as of November 2018. Estimates in this report were projected for the population of all 66 CCBHCs based on data collected from the 47 clinics (71.2% of all CCBHCs) that responded to the survey.

⁵ Bentzley, B. et al (2015). Discontinuation of Buprenorphine Maintenance Therapy: Perspectives and Outcomes. *J Subst Abuse Treat.* 2015 May; 52: 48–57. Accessed online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382404/>

⁶ National Council for Behavioral Health (2018). Bridging the Addiction Treatment Gap: Certified Community Behavioral Health Clinics. Accessed online at: <https://www.thenationalcouncil.org/wp-content/uploads/2018/05/CCBHC-Addiction-Treatment-Impact-survey-report-FINAL-5-24-18.pdf>

⁷ Ibid.